

AUG 15 2005

VIA FACSIMILE: 1-571-273-8300

Atty. Docket No. MIC35 P-321

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Jeffrey C. Mullis  
Art Unit : 1711  
Applicants : Petar R. Dvornic et al.  
Appln. No. : 09/888,736  
Filing Date : June 25, 2001  
Confirmation No. : 2078  
For : HYPERBRANCHED POLYMER DOMAIN NETWORKS AND  
METHODS OF MAKING SAME

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

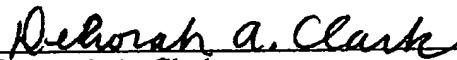
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Request For Continued Examination (RCE) Transmittal and fee of \$395.00 is charged to Deposit Account No. 16-2463 (in duplicate),
2. Claims As Amended Cover Sheet (in duplicate), and
3. Preliminary Amendment (consisting of 6 pages).

YOU SHOULD RECEIVE A TOTAL OF 13 PAGES.

August 15, 2005  
Date

  
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 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is the Preliminary Amendment in the above-identified application.  
 Any fee for additional claims has been calculated as shown below:

## CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 6	Minus	** 34	= 0	x \$25	\$ 0	X \$ 50	\$
Independent Claims	* 2	Minus	*** 4	= 0	x 100	\$ 0	X \$200	\$
First Presentation of Multiple Dependent Claims \$180						\$ 0	X \$360	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0		\$

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicants : Petar R. Dvornic et al.  
 Appln. No. : 09/888,736  
 Page : 2

**Each Additional Group of 50 Pages That Exceeds 100 Pages**

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
1	Minus	*2	=**0	x \$125	\$ 0	X \$250	\$

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

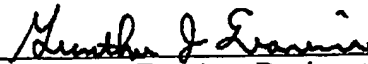
- \* If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3  
 \*\* If the entry in Col. 3 is not "0," pay the required fee.

1. \_\_\_\_\_ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. \_\_\_\_\_ No additional fee is required.
3. \_\_\_\_\_ A fee of \$\_\_\_\_\_ to cover the cost of the additional claims added by this response is enclosed.
4. \_\_\_\_\_ A fee of \$\_\_\_\_\_ to cover the application size fee is enclosed.
5.   X   Please charge fee of \$395 to cover the Request For Continued Examination (RCE) filing fee to Deposit Account No. 16-2463. A duplicate copy of this sheet is attached.
6.   X   Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

August 15, 2005  
 Date

GJE/dac

  
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